

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-375)</small>							SERIAL NO. 	FILING DATE 			
							APPLICANT(S) 				
CLAIMS							09/856426				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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48							98				
49							99				
50							100				
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓	
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS				

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/856426	
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
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TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.	10						TOTAL DEP.			
TOTAL CLAIMS	25						TOTAL CLAIMS			